

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2	1						52								
3		1					53								
4	1						54								
5		1					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		1					60								
11		1					61								
12		2					62								
13		1					63								
14		2					64								
15	1						65								
16	1						66								
17	1						67								
18		1					68								
19		1					69								
20		1					70								
21	1						71								
22		1					72								
23	1						73								
24	1						74								
25		1					75								
26	1						76								
27		1					77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33	1						83								
34		1					84								
35		1					85								
36		1					86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	11						TOTAL IND.								
TOTAL DEP.	31						TOTAL DEP.								
TOTAL CLAIMS	42						TOTAL CLAIMS								

36
11
25

25
6
19

19
12
31